

**Commonwealth of Virginia**  
**Department of Rehabilitative Services**  
**CHECKLIST AND CERTIFICATION**

**Applicant** \_\_\_\_\_

**Proposed Budget Dates** \_\_\_\_\_ **through** \_\_\_\_\_

TITLE	INCLUDED		REASON
	YES	NO	
Independent Audit			
Copies of Licenses or Certifications (DOL, CARF)			
Program Evaluation/Quality Assessments			
Internal Revenue Service Form 990			<input type="checkbox"/> Not required by I.R.S.
Documentation of Revenue Restrictions			<input type="checkbox"/> No restrictions
			<input type="checkbox"/> Available as specified on Form 6
Form 2 - Face Sheet			
Form 3 - Service Description			
Form 4 - Employee Compensation			
Form 5 - Depreciable Assets			<input type="checkbox"/> Depreciation on fixed assets is not shown as an expense in Form 7 (or 8)
Form 6 - Restricted Funds			<input type="checkbox"/> No income will be restricted
Form 7 - Budget			
Form 8 - Budget Distribution			<input type="checkbox"/> Not required for single service agency
Form 9 - Service Unit Costs			
Form 10 - Service Unit Comparison			
Certificate of Insurance / Certificate of Liability Insurance			
OTHER - Specify Name of Attachment			

I certify that the information submitted in and with this application package is true and complete and that the services meet all applicable standards.

\_\_\_\_\_  
SIGNATURE  
Authorized Representative of Applicant

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE